



## COMBINED STATEMENT OF FINANCIAL CONDITION And INCOME AND EXPENSE DECLARATION

I. TAXPA	YER							
Name (first)	ı	(middle)		(last)	Date of Birth (mo., day, yea	r)	Social Security Number	
Address (nu	umber and street)				Driver's License Number		Telephone Number (home)	
(City, Town	or Post Office)	(County)		(State)		(Zip Code)	Telephone Number (work)	
Spouse/Reg	gistered Domestic P	artner's Name (first)		(middle)	Date of Birth (mo., day, yea	r)	Social Security Number	
Spouse/Reg	gistered Domestic P	artner's Employer (If self-employed,	ist here)				Spouse/Registered Domestic Partner's Driver's License Number	
Address (N	umber and Street)	(City, Town, or Post Office)	(County)	(State)		(Zip Code)	Telephone Number	
Nearest Liv	ing Relative Not Re	siding in Household					Relationship	
Address (N	umber and Street)	(City, Town, or Post Office)	(County)	(State)		(Zip Code)	Telephone Number	
II. REPR	ESENTATIVE	OF TAXPAYER (Complete	this section	if Taxpaver's repre	sentative appears).		<b>-</b>	
		counsel give name of firm and indiv						
Address (N	umber and Street)	(City, Town, or Post Office)	(County)	(State)		(Zip Code)	Telephone Number	
III. TAXE	AYER INCOM	E AND EXPENSE DECLAR	RATION				-	
Α.		igning salary and wages			my earnings. The a	nount payab	le under that order is:	
В.	\$(A copy of that order is attached.)  I need the following earnings to support myself and my family:  All earnings  each pay period.							
0		r the following amount to be	withhold from				d that the Employment	
C.		Department can accept this						
	'	None			e			
	I am paid:	☐ Weekly		☐ Twice a month			My Gross Pay is:	
	☐ Daily	☐ Every two weeks		Monthly			\$ My Net Pay is:	
							\$	
D.	The following	persons depend, in whole	or in part, on n	ne for support:				
		NAME	AGE	RELATIONSHIP T	O ME MONTHLY	/ INCOME	SOURCE	

GROSS MONTHLY INCOM		ssignments and earnings withholding orders as followed by DEDUCTIONS FROM GROSS MONT	
	<u> </u>	DEDUCTIONS FROM GROSS MONT	THEY INCOME
Total Earnings (Include commissions, bonuses, and overtime.)	\$	State Income Taxes	\$
Pensions and Retirement		Federal Income Taxes	
Social Security		Property Taxes (Not included in house payment.)	
Disability and/or Unemployment Insurance		Social Security (OASDI)	
Public Assistance (Welfare, AFDC Payments, etc.)		State Disability Insurance	
Child and/or Support Orders (Attach any support orders.)		Medical and Other Insurance	
Dividends and Interest		Union and Other Dues	
Rents (Gross receipts, less cash expenditures – attach statement.)		Retirement and Pension Fund	
Contributions to Household Expenses From Other Sources		TOTAL REQUIRED DEDUCTIONS	\$
Income From Business or Profession		OTHER DEDUCTIONS FROM	NCOME
Income From Partnership		Savings Plan	
Income From Annuity		Other (Itemize)	
Income From Estate or Trust			
Other Income (Itemize)			
		GROSS MONTHLY INCOME	
		LESS DEDUCTIONS FROM INCOME	
		NET PERSONAL INCOME	\$
		LESS MONTHLY EXPENSES (Page 3)	
TOTAL EARNINGS	\$	NET DISPOSABLE INCOME	\$
F. Withholding Information – Taxpayer			
Self			
Spouse/Registered Domestic Partner			
Filing Status (shown on Income Tax Return)			
No. of Dependents			
No. of Exemptions You Claim			

IV. STATEMENT OF FINANCIAL CO	NDITION						
A. ASSETS			LIABILITIES				
Cash		\$	Rent			\$	
Real Estate			Food				
Furniture and Fixtures			Clothing	]			
Machinery and Equipment			Utilities				
Motor Vehicles, Airplanes, or Boats			Auto Pa	yments			
Securities, Bonds or Savings Bonds			Auto Ex	penses (Gas, oil, insuran	nce, etc.)		
Cash Surrender Value of Life Insurance	ce		Installme separate	ent Payments (Itemize or e sheet, if necessary.)	n 		
Accounts Receivable and/or Notes Receivable			Child and/or Support Orders (Attach any support orders.)				
Merchandise Inventory			Life Insurance Premiums				
Other Assets (Itemize)			Medical Expenses				
(Attach additional pages as needed.)			Miscellaneous (Child care, laundry, school, etc.)				
TOTAL ASSETS		\$	TOTAL	LIABILITIES		\$	
B. I have accounts in the following ba	nk(s), credit	union(s), or financial insti	tution(s)				
Name of Bank, Credit Union, or Financial Institution	n	Account Number	Address				
C. I rent a safety deposit box.   No	☐ Yes E	ox is rented in ☐ My na	me [	Another name			
Name of Boxholder Name of Bank				Address of Bank			
D. Description of Real Estate (e.g., ho	l ouse and lot	Sacramento County):		. <b>L</b>	Fair Market Value	Balance Due	
B. Boodiphon of Floar Estate (e.g., ne	and lot,	Cacramente Ccarry).			Fair Market Value	Balance Due	
					\$	\$	
TOTAL REAL ESTATE VALUE					\$	\$	
E. I have filed a Declaration of Homes		ll Property.			□ No	☐ Yes	

F. Description of Motor Vehicles, Airplanes, or Boat	s (Include License,	Vessel, or Tail Num	nber.)	Fair Market Value	Balance Due
				¢	¢
				\$	\$
TOTAL VALUE				\$	\$
G. Securities, Stocks, Bonds, and Savings Bonds			Number of Units	Fair Market Value	Balance Due
				\$	\$
Name of Stockbroker		Ac	ldress		•
H. Description of Furniture and Fixtures, Machinery	and Equipment			Fair Market Value	Delan as Dura
The Decemplication of Farmano and Fixagoo, machinery	and Equipment			Fair Market Value	Balance Due
Furniture (Household)				\$	\$
Furniture /Fixtures (Business)					
Machinery					
Equipment (Other than motor vehicles)					
Miscellaneous					
TOTAL VALUE				\$	\$
I. Life Insurance Policies Now in Effect					Right to Change
Name of Company	Policy Number	Policy Amount	Cash Surrender Value	Balance Due on Loan	Beneficiary
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
J. Accounts or Notes Receivable (Furnish a copy of				ŕ	•
Name	Ad	dress	Phone Number	Fair Market Value	Balance Due
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

following information, and furnish a copy of the instrument creating the trus		or are a beneficiary	of any trust, complete
Name of Trust or Estate	Present Value of	f Trust Value of Your	Interest Annual Incor
	Ф	¢	œ.
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
If you are the grantor or donor for any trust, or the trustee or fiduciary for an instrument creating the trust.	ny trust, complete the follow	ring information, and	d furnish a copy of the
Name of Corpus or Trust			Value
			\$
			Ψ
			\$
			\$
If you have any other assets, or interests in assets, actual or contingent, ot	her than those listed herein	, describe fully:	
If any foreclosure proceedings are pending at present on any real estate w	vhich you own or in which y	ou have an interest,	enter description and
If any foreclosure proceedings are pending at present on any real estate was location of such real estate.	vhich you own or in which y	ou have an interest,	enter description and
	vhich you own or in which y	ou have an interest,	enter description and
	vhich you own or in which y	ou have an interest,	enter description and
location of such real estate.			
location of such real estate.  Was the State of California named as a party to the court filings?		ou have an interest,	
location of such real estate.  Was the State of California named as a party to the court filings? ☐ No  LARATION	☐ Yes If yes, please	furnish a copy of the	e court filings.
location of such real estate.  Was the State of California named as a party to the court filings?	☐ Yes If yes, please	furnish a copy of the	e court filings.
Was the State of California named as a party to the court filings? No  CLARATION  Clare, under penalty of perjury, that the foregoing instruments are true	☐ Yes If yes, please	furnish a copy of the	e court filings.  and belief.
location of such real estate.  Was the State of California named as a party to the court filings? ☐ No  LARATION	☐ Yes If yes, please	furnish a copy of the	e court filings.